

07/26/99
15662 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	2130
	First Inventor or Application Identifier	CABRERA et al.
	Title	Extensible System Recovery Architecture
	Express Mail Label No.	EJ660771087US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 41] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) * Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Other: _____ 15. <input type="checkbox"/> Other: _____	
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

17. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label	or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)

Name	Albert S. Michalik, Reg. No. 37,395				
	Michalik & Wylie, PLLC				
Address	14645 Bel-Red Road				
	Suite 103				
City	Bellevue	State	Washington	Zip Code	98007
Country	USA	Telephone	(425) 653-3520	Fax	(425) 836-3003

Name (Print/Type)	Albert S. Michalik	Registration No. (Attorney/Agent)	37,395
Signature	<i>Albert S. Michalik</i>	Date	7/26/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

In re Application of CABRERA et al.
Attorney Docket No. 2130

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"Express Mail" mailing label number EJ660771087US

Date of Deposit: July 26, 1999

I hereby certify that the following documents:

New Patent Application in the name of Luis Felipe Cabrera, Kartik N. Raghavan and Glenn A. Thompson for "Extensible System Recovery Architecture," including 1 Page Cover Sheet, 29 Pages Specification, 10 Pages Claims, 1 Page Abstract, 10 Sheets Of Drawings, Transmittal Sheet

are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Albert S. Michalik

(Typed or printed name of person mailing paper or fee)

Albert S. Michalik

(Signature of person mailing paper or fee)